Application or Docket Number

	(LAIMS AS	FILED - F	PART I	(Columr	n 2)	SM TYI	ALL ENT	ri t Y □ (RC	OTHER	NTITY
_				<u>'</u>	(00,0		F	RATE	FEE		RATE	FEE
OTAL CLAIMS			5		NUMBER EXTRA				355.00	OR	ASIC FEE	710.00
OR			NUMBER FILED								X\$18=	
OTAL CHARGEABLE CLAIMS			5 minus 20=		6			X\$ 9=		OR		
DEPENDENT CLAIMS			1 minus 3 =		. 0		L	X40=		OR	X80=	
ULTIPLE DEPENDENT CLAIM F			RESENT				1	+135=		OR	+270=	
	he difference i		replace to the second second second	ero, ente	 er "0" in co	lumn 2	<u></u>	TOTAL	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	OR	TOTAL	710
lf t								•		•	OTHER	THAN ENTITY
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	8	(Column 1) CLAIMS REMAINING AFTER	Υ.,	HIG NU PRE\	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONA FEE
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בַּ	Total	•	Minus			=	۱t	X40=		OR	X80=	7
	Independent	! *	1				1 L		}	┨᠁		1
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AWE	FIRST PRESE			(Co	olumn 2)	(Column 3		TOTAL		OR	TOT	AL EE
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[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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